



# County of San Diego Monthly STD Report

Volume 9, Issue 4: Data through December 2016; Report released May 18, 2017.



**Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.**

	Dec	2015 Previous 12- Month Period*	Dec	2016 Previous 12- Month Period*
Chlamydia	1512	17416	1498	18944
Female age 18-25	594	7014	549	7251
Female age ≤ 17	70	792	66	769
Male rectal chlamydia	71	610	35	554
Gonorrhea	356	3686	427	4999
Female age 18-25	48	493	61	665
Female age ≤ 17	3	62	5	108
Male rectal gonorrhea	65	513	52	636
Early Syphilis (adult total)	73	826	92	975
Primary	16	176	12	174
Secondary	20	311	32	347
Early latent	37	339	48	454
Congenital syphilis	3	9	1	10

\* Cumulative case count of the previous 12 months.

**Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.**

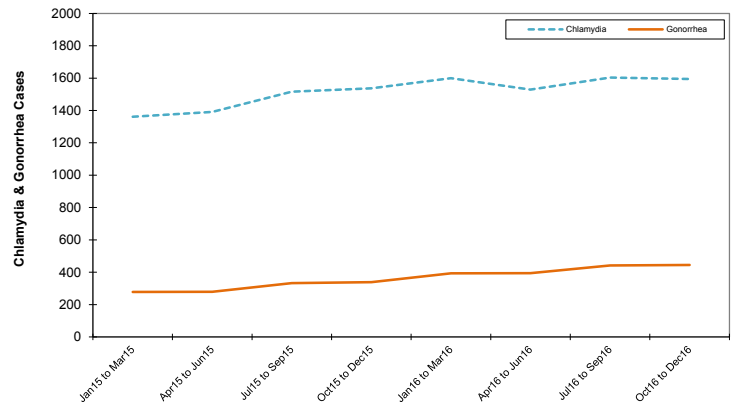
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<b>All ages</b>										
Chlamydia	18944	609.9	128	34.3	412	298.1	1341	124.3	964	63.6
Gonorrhea	4999	160.9	85	22.8	519	375.5	1116	103.4	1083	71.4
Early Syphilis	887	28.6	35	9.4	85	61.5	377	34.9	390	25.7
<b>Under 20 yrs</b>										
Chlamydia	2994	372.2	9	10.1	67	185.3	215	56.5	97	32.5
Gonorrhea	411	51.1	6	6.7	58	160.4	112	29.4	47	15.8
Early Syphilis	31	3.9	2	2.2	2	5.5	21	5.5	6	2.0

Note: Rates calculated using 2015 SANDAG population estimates.

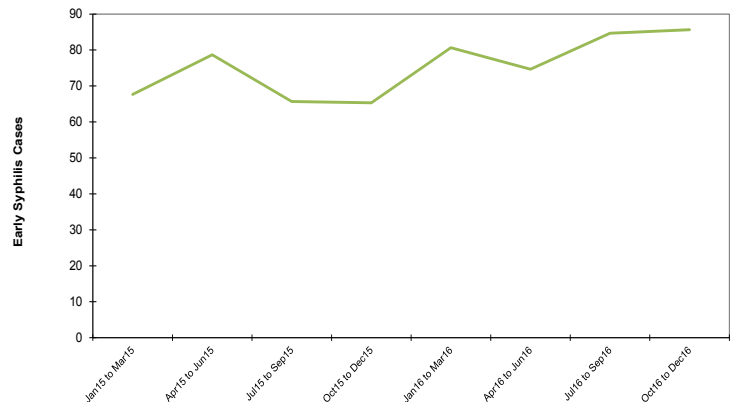
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**Note: All data are provisional.** Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.

**Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.**



**Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.**



## Editorial Note: Hepatitis A Virus Outbreak in San Diego County

**Ninety acute hepatitis A virus (HAV) infections** have been reported in San Diego County residents with onset of symptoms between November 24, 2016 and May 10, 2017, including 74 (82%) hospitalizations and three (3%) deaths. Major risk factors associated with this outbreak include **homelessness** (68% of cases) and injection or non-injection **drug use** (64% of cases). The increased morbidity and mortality noted in these cases compared to historical norms are due to significant comorbidities such as hepatitis C, diabetes, and cardiovascular disease. Small clusters of epidemiologically linked cases have been identified, but no common point sources have been identified. Case investigations are ongoing. Please click [here](#) for more details.

HAV infection is usually a self-limited illness. Fulminant hepatic failure and death may occur, but are rare<sup>[1]</sup>. Symptoms include nausea, vomiting, anorexia, fever, fatigue, abdominal pain, dark urine, grey-colored stools, and jaundice<sup>[2]</sup>. In the United States, HAV is most commonly acquired through person-to-person transmission through the fecal-oral route, either from close personal or sexual contact or contact with a fecally contaminated environment. Sporadic cases also can occur from exposure to fecally contaminated food or water<sup>[1]</sup>. Persons at increased risk of HAV include, but are not limited to, MSM, injection and non-injection drug users, homeless persons (due to living conditions), and international travelers to high-risk regions<sup>[2]</sup>.

Recommendations for providers include:

- Consider HAV infection in people who present with signs or symptoms of disease or elevated liver function tests, particularly in homeless individuals and/or users of illicit drugs.
- Promptly report all confirmed and suspect HAV cases to the Epidemiology Program** by faxing a Confidential Morbidity Report or calling (619-692-8499 Monday-Friday 8AM-5PM or 858-545-5255 after hours, during weekends and on County-observed holidays).
- Provide post-exposure prophylaxis (PEP) for close contacts of confirmed HAV cases**<sup>[3]</sup>.
- Provide HAV vaccine to homeless individuals and illicit drug users who are not immunized already**<sup>[4]</sup>.
- Offer HAV vaccination to individuals who have frequent, ongoing contact with homeless individuals and illicit drug users in non-healthcare environments.

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 Phone: (619) 692-8550 Fax: (619) 692-8543  
 STD Clinical Consultation Pager: (877) 217-1816 (8am-5pm, M-F)



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